			Application or Docket Number																			
	PATENT)			1/-	a . 90	i c															
Effective October 1, 2003											<u>10</u>	12189	6									
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN		OR		THAN ENTITY									
TOTAL CLAIMS			14					RATE FEE		1	RATE	FEE										
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	Basic Fee	770.00									
TOTAL CHARGEABLE CLAIMS			\\ minus 20=		• . (• . 0		X\$ 9:	_		OR	X\$18=										
INDEPENDENT CLAIMS			<u> </u>	inus 3 =				X43=		OR	X86=											
Mì	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145				+290=										
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	-4		OR											
. '									ר [OR	TOTAL										
CLAIMS AS AMENDED - PART II 3/28/05 (Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL										
AMENDMENTA	1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BEA DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total ·	. 14	Minus	ne ·	20	-		X\$ 9=			OR	X\$18=										
	Independent	. 2	Minus	***	3			X43=	T		OR	X86=	·									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									7	•		+290=										
		•	-				l	+145=	L		OR	TOTAL										
(Column 1) (Column 2) (Column 3)									EL	,	OR	ADDIT. FEE										
	a/	(Column 1) CLAIMS	Г	HIGH		(Column 3)	l r		_	A001	1		ADDI									
AMENDMENT B	126/05	REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI: TIONAL FEE									
	Total	. 21	Minus	- 2	0	= /		x\$ 95		25	OR	X\$18=										
	Independent	• 2	Minus		3	- 0		X43=	1		OR	X86=										
Ш	, //, MAN	NTATION OF ML	LTIPLE DEI	PENDENT	CLAIM	• .	'	+145=			QR	+290=										
							- A	TOTA	L E	25.	99	TOTAL										
(Column 1) (Column 2) (Column 3)									ADDRI. FEEL STATE ADDRI. FEEL													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER . KUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL									
	Total		Minus	**		=		X\$ 9=	十			X\$18=	FEE_									
	Independent	•	Minus .	####		=	-		╀	·	OR											
۲	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			X43=	1		OR	X86=										
+145= OR +290=																						
	the entry in artis	Balkkine Her H			90° k'	2	L			If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												
	I the "Highest Nur I the "Highest Nur	nber Previously Pa	id For IN THIS Id For IN THI	S SPACE IS S SPACE IS	less that less that	n 20, enter "20." n 3, enter "3."	_	DOIT. FE	E L		•	VOOIT. FEE										